

N39747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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DIVISION OF CORPORATIONS

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TO: Amendment Section
Division of Corporations

SUBJECT: COPPER HILL FOUR HOMEOWNERS ASSOCIATION INC.
Name of Corporation

DOCUMENT NUMBER: N 39747 #59-3045884

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEX JONES

Name of Contact Person

COPPER HILL FOUR HOMEOWNERS ASSO INC.

Firm/Company

5917 COPPER CREEK DR.

Address

JACKSONVILLE FLA. 32218

City/State and Zip Code

AJ.JONES@COMPAST.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEX JONES

Name of Contact Person

at (904) 765-1006

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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DIVISION OF CORPORATIONS
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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: COPPER HILL FOUR HOMEOWNERS ASSOCIATION INC
2. The principal office address: 5917 COPPER CREEK DR.
JACKSONVILLE FLA. 32218
3. The mailing address (if different): SAME AS ABOVE

4. Date of incorporation/qualification: 08/29/1990 Document number: N 39747

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

RESIGNED & VOTED OUT
J & L MANAGEMENT OF NORTH FL. INC.
10592 BALMORAL CIRCLE E SUITE #7

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ALEX JONES
5917 COPPER CREEK DR.
P.O. Box NOT acceptable
JACKSONVILLE FLA. 32218

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

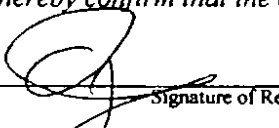


Signature of an officer or director

ALEX JONES

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

 (ALEX JONES) FEBRUARY 11, 2019

Signature of Registered Agent Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

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